

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034365

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2404

STATE FILE NUMBER

FILED AUG 19 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>		Length of stay in 1b <u>D.O.A.</u>	c. CITY OR TOWN <u>St. Ann</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3128 Ronald Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lavern</u> Middle <u>Fenton</u> Last <u>Fenton</u>		4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-8-1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	9. AGE (last birthday) <u>39</u> IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME <u>William Fenton</u>		11b. MOTHER'S MAIDEN NAME <u>Viola Ragan</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (no, or unknown) (If yes, give year or dates of service) <u>yes. WW #2</u>		13. NAME OF HUSBAND OR WIFE <u>Faye D. Fenton</u> Address <u>St. Ann, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nicotine poisoning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15. INFORMANT <u>Mrs. Faye D. Fenton-3128 Ronald Dr.</u> Interval between onset and death	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Intentional ingestion of nicotine poisoning</u>	
20c. TIME OF INJURY Hour <u>2:00</u> s.m. <u>PM</u> Month, Day, Year <u>7/28/63</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home premises</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>St. Ann</u> COUNTY <u>St. Louis</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>2:32 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Stannett Hand</u> Coroner		22b. ADDRESS <u>Clayton, Missouri</u>	
22c. DATE SIGNED <u>8/1/63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-31-1963</u>	
23c. LOCATION (City, town, or county) <u>Jennings, Missouri</u>		23d. DATE RECD. BY LOCAL REG. <u>7-29-63</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Baumann Bros. Inc.</u> <u>2504 Woodson Rd., Overland 14, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>John M. Murphy</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

34524

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.